

# Committee on Children JOINT FAVORABLE REPORT

**Bill No.:** HB-6111

AN ACT ESTABLISHING A YOUTH SUICIDE PREVENTION TRAINING

**Title:** PROGRAM.

**Vote Date:** 2/25/2021

**Vote Action:** Joint Favorable Substitute

**PH Date:** 2/4/2021

**File No.:**

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## **SPONSORS OF BILL:**

Committee on Children

## **REASONS FOR BILL:**

This bill will establish a pilot suicide prevention training for professional of areas that are in constant and frequent contact with youth such as, but not limited to, school employees, employees of youth services bureaus, and employees of municipal social services agencies. With the goal of reducing the amount of suicides seen amongst the teenagers in the state of Connecticut.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

**Commissioner Miriam Delphin-Rittmon, Department of Mental Health and Addiction Services:** She explains what DMHAS stands for and what does it do as well as how it has served as a co-chair of the Connecticut Suicide Advisory Board (CTSAB) in the prevention of suicide. She also mentions that the DMHAS is a health care agency with responsibility for mental health promotion and substance use prevention across the lifespan. As part of this responsibility DMHAS has served as a co-chair of the Connecticut Suicide Advisory Board (CTSAB), an extensive group of state and community stakeholders who focus on the prevention of suicide across the lifespan. The CTSAB includes the entities mentioned in this raised bill, including the Office of the Child Advocate, CTSAB has collaboratively developed the *CT Suicide Prevention Plans* to guide state efforts related to this issue. And in fact, the existing infrastructure and training opportunities provided by the CTSAB partners accomplish the intent of this legislation. The entities listed in HB 6111 can currently receive QPR Gatekeeper Training, Recognizing and Responding to Suicide Risk training, and ASIST training.

## **NATURE AND SOURCES OF SUPPORT:**

**Thomas Steen, Suicide Prevention Master Trainer American Foundation for Suicide Prevention CT Chapter:** He supports the intent of this bill, but believes that several pieces of the proposal need to be clarified. He states that he has been personally affected by suicide when his son passed, and he has found that the best way to prevent suicide is by communication and education. Thomas has been heavily involved in organizations relative to suicide prevention, and many programs as well. He believes a new program does not need to be created but the ones already existing can be better used, in addition CTSAB is willing to work with the proponents of this legislation to determine the appropriate legislative action to ensure any person who is considering self-harm can access the help he or she needs.

**Howard Sovronsky, LCSW, Chief Behavioral Health Officer and Steven C. Rogers, MD, Medical Director of Emergency Behavioral Health Services at Connecticut Children's Medical Center:** They are testifying in support of this bill. They state that many children and adolescents are dying by suicide or suffering with the consequences of a failed attempt. In addition, they state that the CT Children's Medical Center is the only independent hospital focused exclusively on the needs of children. They state that there is a need to act now to better support the mental health of children in Connecticut, the hospital has started by adapting themselves to today's crisis offering treatment to families in an outpatient setting which allows them to also connect with community based resources. Lastly, the hospital will provide training and clear referral protocols for those staff who interact most with their children and adolescents.

**Director Tim Marshall, Office of Community Mental Health, Department of Children and Families:** He supports the spirit of this bill but feels that several pieces of the proposal need to be clarified. He states the importance of the CT Suicide Advisory Board (CTSAB) and its recently released its 5-year plan for suicide prevention. There is also a program called QPR which is the most popular and relevant of the trainings since it is intended for the general population and can be completed in less than a half a day. It is known as the "CPR" of behavioral health. In addition, he believes that there is no need for the creation of another program but the utilization of the existing programs should be just as efficient, he also mention that the only source of funding the program has comes from the Garrett Lee Smith Suicide Prevention Grant, the Community Mental Health Services Block Grant and the Preventive Health and Health Services Block Grant, besides those, it all comes from volunteer work. Any new or expanded activities would require the appropriation of additional funding.

**Valerie Stolfi Collins CRPA Executive Director:** She supports this bill, and states that if the program is successful, CRPA would support a full program as an opt-in for municipalities. The CRPA would also like to work with the Office of the Child Advocate to ensure that a municipal recreation department is one of the twenty employee groups included in the pilot program. She states that municipalities would benefit from free access to QPR training and would love to work with state agencies such as DMHAS, the Office of the Child Advocate, DCF and the Connecticut Suicide Advisory Board (CTSAB) to obtain free access for their employees.

## **NATURE AND SOURCES OF OPPOSITION:**

No opposition to this bill offered

**Reported by:** Gabriela Dos Santos

**Date:** March 6<sup>th</sup> 2021